

MILK SANITATION RATING REPORT

SECTION B. REPORT OF ENFORCEMENT METHODS

SHIPPER _____

DATE OF RATING _____

ENFORCEMENT RATING _____

DAIRY FARMS PART I							MILK PLANT PART II						INDIVIDUAL SHIPPER RATING PART III												
Number	Ordinance Section	Item	Number Inspected	Number Complying	Percent Complying	Weight	Credit	Number	Ordinance Section	Item	Number Inspected	Number Complying	Percent Complying	Weight	Credit	Number	Ordinance Section	Item	Number Inspected	Number Complying	Percent Complying	Weight	Credit		
1	3	All dairy farmers hold a valid permit				5		1	3	All milk plant, receiving station and transfer station operators hold a valid permit				5		1		Enter Total Credit from Part I under Percent Complying				45			
2	5	All dairy farms inspected at least once every six (6) months or as required in Appendix "P"				15		2	5	Milk plant and receiving station(s) inspected at least once every three (3) months; transfer station(s) once every six (6) months				15		2		Enter Total Credit from Part II under Percent Complying				45	90		
3	5	Inspection sheet posted or available				5		3	5	Inspection sheet posted or available				5		3	4	All milk and milk products properly labeled				4			
4	7	Requirements interpreted in accordance with PHS/FDA PMO as indicated by past inspections				10		4	7	Requirements interpreted in accordance with PHS/FDA PMO as indicated by past inspections				10		4	11	Provisions of Section 11 followed when milk and milk products are imported				6			
5	8	T B & Brucellosis Certification on file as required				10		5	7 App I	Pasteurization equipment tested at required frequency				15		INDIVIDUAL SHIPPER ENFORCEMENT RATINGS Individual Shipper of Raw Milk for Pasteurization: Without Receiving Station, Transfer Station or Plant: Evaluate all Items Part I and record. With Receiving Station(s) or Transfer Station(s): Evaluate all Items Part I. Evaluate all Items Part II, except Numbers 5 and 7. Divide by 75. Evaluate all Items Part III. Individual Shipper of Pasteurized Milk and Milk Products: With Attached Raw Supply: Evaluate all Items Part I. Evaluate all Items Part II, use 45 Weight. Evaluate all Items Part III. With Unattached Raw Supplies: Evaluate all Items Part II, use 90 Weight. Evaluate all Items Part III, except Number 1.									
6	7	Water samples tested and reports on file as required				5		6	7	Individual and cooling water samples tested and reports on file as required				5											
7	5	Milking time inspection program established				5		7	6	Samples of each plant's milk and milk products collected at required frequency and all necessary laboratory examination made				10											
8	6	At least four (4) samples collected from each dairy farm's supply every six (6) months and all necessary laboratory examinations made				10		8	6 App B	Sampling procedures approved by PHS/FDA evaluation methods				10											
9	6 App B	Sampling procedures approved by PHS/FDA evaluation methods				10		9	3,5, 6,16	Permit issuance, suspension, revocation, reinstatement, hearings, and/or court actions taken as required				15											
10	3,5, 6,16	Permit issuance, suspension, revocation, reinstatement, hearings, and/or court actions taken as required				15		10		Records systematically maintained and current				10											
11		Records systematically maintained and current				10		TOTAL CREDIT, Part II						Remarks											
TOTAL CREDIT, Part I							Remarks																		
Remarks																									

Department of Health and Human Services Public Health Service Food and Drug Administration		INTERSTATE MILK SHIPPER'S REPORT <i>(Submit an original and two (2) copies to the FDA Regional Office)</i>					INTERNAL USE ONLY				
1. NAME OF SHIPPER			2. CITY			3. STATE					
4. STREET			5. PLANT or BTU #		6. PRODUCT CODE #s						
7. SURVEY DATA											
	DAIRY FARMS	RECEIVING OR TRANSFER STATIONS	MILK PLANT ¹			ENFORCEMENT					
	TYPE OF RATING <input type="checkbox"/> AREA <input type="checkbox"/> INDIVIDUAL										
RATING (%)											
DATE OF RATING											
TOTAL NUMBER						APPENDIX N IS THIS SHIPPER IN COMPLIANCE WITH THE PROVISIONS OF APPENDIX N? <input type="checkbox"/> YES <input type="checkbox"/> NO					
NUMBER INSPECTED											
VOLUME RECEIVED DAILY (cwt.)											
RATING AGENCY <input type="checkbox"/> SHD <input type="checkbox"/> SDA <input type="checkbox"/> OTHER _____	CERTIFIED STATE RATING OFFICER		OFFICER'S CERTIFICATION EXPIRATION DATE			EARLIEST RATING DATE					
						MONTH	DAY	YEAR			
AGENCY PROVIDING CONTINUOUS SUPERVISION OF SUPPLY											
8. LABORATORY CONTROL											
APPROVED LABORATORY NUMBER		EXPIRATION DATE		PROCESSED MILK TESTS APPROVED					RAW MILK TESTS APPROVED		
A. _____		A. _____		SPC	COLI	PHOS	RBC	DRUG RESIDUE TESTS	VIABLE COUNTS	SOMATIC CELL COUNTS	DRUG RESIDUE TESTS
B. _____		B. _____		A. ____	A. ____	A. ____	A. ____	A. _____	A. ____	A. ____	A. _____
B. _____		B. _____		B. ____	B. ____	B. ____	B. ____	B. _____	B. ____	B. ____	B. _____
DATE OF LAST TWO SPLIT SAMPLES				APPROVED WATER LABORATORY AND DATE					WATER TESTS APPROVED		
A. _____ A. _____											
B. _____ B. _____											
9. PUBLICATION (Written permission from shipper must be filed at Regional Office of FDA prior to publication of ratings.)											
LETTER OF PERMISSION TO PUBLISH IS TRANSMITTED WITH THIS REPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO											
10. SUBMISSION OF REPORT BY STATE AGENCY											
DATE OF REPORT			SUBMITTED BY (SIGNATURE AND TITLE)								
FOR FDA REGIONAL OFFICE USE ONLY											
Written permission from shipper dated _____ on file and publication of rating recommended.											
DATE			SIGNATURE (FDA Milk Specialist)								

¹Submit separate Form for each milk plant.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICES FOOD AND DRUG ADMINISTRATION				INTERSTATE MILK SHIPPER'S REPORT				INTERNAL USE ONLY:															
1.NAME OF SHIPPER:				2.CITY:				3.STATE:															
4.STREET:				5.PLANT OR BTU NO.:				6.PRODUCT CODE NOS.:															
								<table border="1" style="width:100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>															
7. SURVEY DATA																							
		DAIRY FARMS		RECEIVING OR TRANSFER STATIONS			PASTEURIZATION OR DRYING PLANT			ENFORCEMENT													
		TYPE OF RATING <input type="radio"/> AREA <input type="radio"/> INDIVIDUAL																					
RATING (%)																							
DATE OF RATING																							
TOTAL NUMBER										APPENDIX N IS THIS SHIPPER IN COMPLIANCE WITH THE PROVISIONS OF APPENDIX N ? <input type="radio"/> YES <input type="radio"/> NO													
NUMBER INSPECTED																							
VOLUME RECEIVED DAILY(cwt)																							
RATING AGENCY <input type="radio"/> SHD <input type="radio"/> SDA <input type="radio"/> SDL		CERTIFIED STATE RATING OFFICER			OFFICER'S CERTIFICATION EXPIRATION DATE			EARLIEST RATING DATE															
AGENCY PROVIDING CONTINUOUS SUPERVISION OF SUPPLY																							
8.LABORATORY CONTROL				PROCESSED MILK TESTS APPROVED				RAW MILK TESTS APPROVED															
APPROVED LABORATORY NUMBER	EXPIRATION DATE	LAST TWO SPLIT SAMPLE DATE		SPC	COLI	PHOS	RBC	DRUG RESIDUE TESTS	VIABLE COUNTS	SOMATIC CELL COUNTS	DRUG RESIDUE TESTS												
A.	/	/	/																				
B.	/	/	/																				
C.	/	/	/																				
D.	/	/	/																				
E.	/	/	/																				
APPROVED WATER LABORATORY			APPROVED WATER LABORATORY DATE /			WATER TEST APPROVED																	
9.PUBLICATION (Written permission from shipper on file at the State Rating Agency prior to publication of ratings)																							
<input type="radio"/> YES <input type="radio"/> NO DATE:																							
10.SUBMISSION OF REPORT BY STATE RATING AGENCY																							
DATE OF REPORT:				SUBMITTED BY:				TITLE:															
FOR FDA USE ONLY																							
Date:				FDA Regional Milk Specialist:																			
Submit separate Form for each pasteurization or drying plant.																							
FORM FDA 2359i																							

EVALUATION OF SAMPLING PROCEDURES

(For the Calculation of DAIRY FARMS-Part I, Item 9 of FORM FDA 2359j-MILK SANITATION RATING REPORT-SECTION B. REPORT OF ENFORCEMENT METHODS (Page 2))

SHIPPER _____ INSPECTING AGENCY _____

LOCATION _____

BTU # _____ DATE(s) _____

EVALUATION OF SAMPLING PROCEDURES

No.	Item	Number Inspected	Number Complying	Percent Complying	Weight	Credit
1	Sampling Surveillance Officers Properly Certified				5	
2	Adequate Training Program Provided				5	
3	Sampling Surveillance Authority Properly Delegated				10	
4	All Samplers Hold a Valid Permit				10	
5	Samplers Evaluated Every Two (2) Years and Reports Properly Filed				30	
6	Sampling Procedures in Substantial Compliance				15	
7	Permit Suspension, etc., Taken as Required				15	
8	Records Systematically Maintained and Current				10	
	TOTAL CREDIT				100	

Remarks:

EVALUATION OF SAMPLING PROCEDURES

(For the Calculation of MILK PLANT-Part II, Item 8 of FORM FDA 2359j-MILK SANITATION RATING REPORT-SECTION B. REPORT OF ENFORCEMENT METHODS (Page 2))

SHIPPER _____ INSPECTING AGENCY _____

LOCATION _____

PLANT # _____ DATE(s) _____

EVALUATION OF SAMPLING PROCEDURES

No.	Item	Number Inspected	Number Complying	Percent Complying	Weight	Credit
1	Sampling Surveillance Officers Properly Certified				5	
2	Adequate Training Program Provided				5	
3	Sampling Surveillance Authority Properly Delegated				10	
4	All Samplers Hold a Valid Permit	NA	NA	NA	10	NA
5	Samplers Evaluated Every Two (2) Years and Reports Properly Filed				20	
6	Sampling Procedures in Substantial Compliance				20	
7	Permit Suspension, etc., Taken as Required	NA	NA	NA	20	NA
8	Records Systematically Maintained and Current				10	
	TOTAL CREDIT				100	

NOTE: Items 4 and 7 above are not applicable when calculating Milk Plant Sampling Procedures, Part II, Item 8 of FORM FDA 2359j-MILK SANITATION RATING REPORT-SECTION B. REPORT OF ENFORCEMENT METHODS (Page 2).

Calculation of the Score (Plant, RS or TR): Divide the Total Credit by seventy (70) for milk plants, receiving stations and transfer stations. Then multiply by 100 to create a percentage.

Remarks:

**GUIDANCE FOR COMPUTING ENFORCEMENT CREDIT FOR PART I, ITEM 9 AND/OR
PART II, ITEM 8 OF FORM FDA 2359j-MILK SANITATION RATING REPORT-SECTION B.
REPORT OF ENFORCEMENT METHODS (Page 2)**

Item 1. Sampling Surveillance Officers (SSO's) Properly Certified

- a. SSO's must be certified by FDA.
- b. Certification valid for three (3) years.
- c. SSO's shall be a certified SRO, Laboratory Evaluation Officer (LEO) or State Regulatory Supervisor per "*Procedures*", Section V., F., 1.

Item 2. Adequate Training Program Provided

- a. Reference material available to samplers.
- b. Training program conforms to established procedures.
- c. Training program implemented.
- d. Copies of training materials and other related information on file for review.

Item 3. Sampling Surveillance Authority Properly Delegated

- a. Proper delegation procedures conducted.
- b. Only those eligible receive delegated authority.
- c. At least five (5) joint evaluations, plus one (1) pasteurized sample and/or single-service container/closure exercise, if applicable, with eighty percent (80%) agreement on each Item.
- d. Re-delegation at least each three (3) years.
- e. Proper certification of industry field person when applicable.

Item 4. Permit Issuance (Applies to Part 1-Farms Only)

- a. All bulk milk hauler/samplers have a valid permit.
- b. Inspected prior to the issuance of a permit.
- c. Only bulk milk hauler/samplers who comply with Ordinance requirements shall be entitled to receive a permit.
- d. Permits not transferable with respect to persons.

Item 5. Samplers (Including Dairy Plant and Industry Plant Samplers at the Receiving Site) Evaluated Every Two (2) Years and Reports Properly Filed

- a. Samplers shall have their sample collection procedures evaluated by a certified SSO or properly delegated regulatory official every two (2) years.
- b. Proper agencies are advised of all samplers and of all evaluations annually in accordance with procedures.

Item 6. Sampling Procedures in Substantial Compliance

- a. Appraisal of each sampler's compliance done by record review.
- b. Appraisal of sampler's compliance.
- c. Evaluation criteria neither too stringent nor too lenient.
- d. Evaluation up-to-date. (Applies only to Part II-PLANT, Item 8)

Item 7. Permit Suspension, Revocation, Reinstatement, Hearings and/or Court Actions Taken as Required (Applies to Part 1-FARMS Only)

- a. Action taken on repeat violations of sampling requirements.
- b. Re-evaluations made as required.

Item 8. Records Systematically Maintained and Current

- a. Records of the delegation of sampling evaluation authority to other State, Local, or industry individuals on file and available for review with the producer or plant records.
- b. Records of each sampler evaluation on file and available for review with the producer or plant records.
- c. Records for each sampler evaluation entered on individual history cards or computer ledgers.
- d. Records of permit issuance, suspension, reinstatement, revocation and hearings on file and available for review.
- e. Records of bulk milk hauler/sampler inspections on file.

MILK PLANT, RECEIVING STATION OR TRANSFER STATION NCIMS HACCP SYSTEM AUDIT REPORT

Revised February 24, 2005

DATE	TYPE OF AUDIT	STATE *REGULATORY ()	STATE REGULATORY FOLLOW-UP ()	STATE LISTING ()	OR	STATE FDA AUDIT OF LISTING ()
FIRM NAME			LICENSE/ PERMIT #	IMS PLANT #		
ADDRESS 1						
ADDRESS 2			CITY	STATE	ZIP CODE	
IMS LISTED PRODUCT(S) MANUFACTURED AND REVIEWED				Prerequisite Program(s) Issue Date(s)		
Hazard Analysis Issue Date(s)		HACCP Plan(s) Issue Date(s)				
<p>ITEMS MARKED <u>DID NOT</u> MEET THE NCIMS HACCP PROGRAM CRITERIA DESCRIBED BELOW</p> <p style="text-align: center;">Starred (**) Items are Critical Listing Elements</p> <p>*NOTE: This regulatory NCIMS System Audit Report of your plant, receiving station or transfer station serves as a notification of the intent to suspend your permit if items marked on this audit form are not in compliance at the time of the next regulatory audit or within established timelines. (Refer to PMO, Sections 3 and 5 and Appendix K. for details)</p>						
<p>Section 1 HAZARD ANALYSIS</p> <p><input type="checkbox"/> A. Flow Diagram and Hazard Analysis conducted and written for each kind or group of milk or milk product processed. **</p> <p><input type="checkbox"/> B. Written Hazard Analysis identifies all potential milk or milk product safety hazards and determines those that are reasonably likely to occur (including hazards within and outside the processing plant environment).</p> <p><input type="checkbox"/> C. Written Hazard Analysis reassessed after changes in raw materials, formulations, processing methods/systems, distribution, intended use or consumers.</p> <p><input type="checkbox"/> D. Written Hazard Analysis signed and dated as required.</p>				<p>Section 6 HACCP PLAN CORRECTIVE ACTION</p> <p><input type="checkbox"/> A. Corrective actions when defined in the HACCP Plan were followed when deviations occurred.</p> <p><input type="checkbox"/> B. Predetermined corrective actions defined in the HACCP Plan ensure the cause of the deviation is corrected.</p> <p><input type="checkbox"/> C. Corrective action taken for milk or milk products produced during a deviation from CL(s), defined in the HACCP Plan. **</p> <p><input type="checkbox"/> D. Affected milk or milk product produced during the deviation segregated and held; AND a review to determine product acceptability performed; AND corrective action taken to ensure that no adulterated milk and/or milk product that is injurious to health enters commerce.</p> <p><input type="checkbox"/> E. Cause of deviation was corrected.</p> <p><input type="checkbox"/> F. Reassessment of HACCP Plan performed and modified accordingly.</p> <p><input type="checkbox"/> G. Corrective actions documented.</p>		
<p>Section 2 HACCP PLAN</p> <p><input type="checkbox"/> A. Written HACCP Plan prepared for each kind or group of milk or milk products processed. **</p> <p><input type="checkbox"/> B. Written HACCP Plan implemented.</p> <p><input type="checkbox"/> C. Written HACCP Plan identifies all milk or milk product safety hazards that are reasonably likely to occur.</p> <p><input type="checkbox"/> D. Written HACCP Plan signed and dated as required.</p>						
<p>Section 3 HACCP PLAN CRITICAL CONTROL POINTS (CCPs)</p> <p><input type="checkbox"/> A. HACCP Plan lists CCP(s) for each milk or milk product safety hazard identified as reasonably likely to occur.</p> <p><input type="checkbox"/> B. CCP(s) identified are adequate control measures for the milk or milk product safety hazard(s) identified.</p> <p><input type="checkbox"/> C. Control measures associated with CCP(s) listed are appropriate at the processing step identified.</p>				<p>Section 7 HACCP PLAN VERIFICATION AND VALIDATION</p> <p><input type="checkbox"/> A. HACCP Plan defines verification procedures, including frequency.</p> <p><input type="checkbox"/> B. Verification activities are conducted and comply with HACCP Plan.</p> <p><input type="checkbox"/> C. Reassessment of HACCP Plan conducted annually; OR</p> <p style="margin-left: 20px;"><input type="checkbox"/> 1. After changes that could affect the hazard analysis; OR</p> <p style="margin-left: 20px;"><input type="checkbox"/> 2. After significant changes in the operation, including raw materials and/or source, product formulation, processing methods/systems, distribution intended use or intended consumer.</p> <p><input type="checkbox"/> D. Calibration of CCP process monitoring instruments performed as required and at the frequency defined in the HACCP Plan. **</p> <p><input type="checkbox"/> E. CCP monitoring records reviewed and document that values are within CL(s) as required.</p> <p><input type="checkbox"/> F. Corrective action record reviewed as required.</p> <p><input type="checkbox"/> G. Calibration records and end product or in-process testing results defined in HACCP Plan reviewed as required.</p> <p><input type="checkbox"/> H. Records reviewed as required, including date and signature.</p>		
<p>Section 4 HACCP PLAN CRITICAL LIMITS (CLs)</p> <p><input type="checkbox"/> A. HACCP Plan lists CL(s) for each CCP.</p> <p><input type="checkbox"/> B. CL(s) are adequate to control the hazard identified. **</p> <p><input type="checkbox"/> C. CL(s) are achievable with existing monitoring instruments or procedures.</p> <p><input type="checkbox"/> D. CL(s) are met.</p>						
<p>Section 5 HACCP PLAN MONITORING</p> <p><input type="checkbox"/> A. HACCP Plan defines monitoring procedures for each CCP. (What, How, Frequency, Whom, etc.)</p> <p><input type="checkbox"/> B. Monitoring procedures as defined in the HACCP Plan followed.</p> <p><input type="checkbox"/> C. Monitoring procedures as defined in the HACCP Plan adequately measure CL(s) at each CCP.</p> <p><input type="checkbox"/> D. Monitoring record data consistent with the actual value(s) observed during the audit.</p>						

ITEMS MARKED DID NOT MEET THE NCIMS HACCP PROGRAM CRITERIA DESCRIBED BELOW

Starred () Items are Critical Listing Elements**

Section 8 HACCP SYSTEM RECORDS

- A. Required information included in the record, i.e., name/location of processor; and/or date/time of activity; and/or signature/initials of person performing the operation; and/or identity of product/product code.
- B. Processing/other information entered on record at time observed.
- C. Records retained as required, i.e., one (1) year for refrigerated products and two (2) years for preserved, shelf-stable or frozen products.
- D. Records relating to adequacy of equipment or processes retained for two (2) years.
- E. HACCP records correct, complete and available for official review.
- F. Information on HACCP records not falsified. **

Section 10 OTHER NCIMS REQUIREMENTS

- A. Incoming milk supply from a NCIMS listed source(s) with a sanitation compliance score(s) of 90 or better or an acceptable HACCP Listing. **
- B. Drug residue control program implemented. **
- C. Drug residue control program records complete.
- D. Labeling compliance as required.
- E. Prevention of adulteration of milk and milk products.
- F. Regulatory samples comply with standards.
- G. Pasteurization equipment design and construction.
- H. Approved laboratory utilized – (if not, Audit not conducted)
- I. Other Items as noted.

Section 9 HACCP SYSTEM PREREQUISITE PROGRAM (PPs)

- A. Required PP written, implemented and in substantial compliance by the firm.
 - 1. Safety of the water that comes into contact with milk or milk contact surfaces (including steam and ice);
 - 2. Condition and cleanliness of equipment milk contact surfaces;
 - 3. Prevention of cross-contamination from unsanitary objects and/or practices to milk and milk products, packaging material and other milk contact surfaces (including utensils, gloves, outer garments, etc.; and from raw product to processed product);
 - 4. Maintenance of handwashing, hand sanitizing, and toilet facilities;
 - 5. Protection of milk and milk products, milk packaging material, and milk contact surfaces from adulteration with lubricants, fuel, pesticides, cleaning compounds, sanitizing agents, condensate and other chemical, physical and biological contaminants;
 - 6. Proper labeling, storage, and use of toxic compounds;
 - 7. Control of employee health conditions that could result in the microbiological contamination of milk and milk products, milk packaging materials, and milk contact surfaces; and
 - 8. Pest exclusion from the milk plant, receiving station or transfer station.
- B. Additional PPs required or justified by the Hazard Analysis are written and implemented by the firm.
- C. PP conditions and practices monitored as required.
- D. PP monitoring performed at a frequency to ensure conformance.
- E. Corrections performed in a timely manner when PP monitoring records reflect deficiencies or non-conformities.
- F. PP audited by the firm.
- G. PP monitoring records adequately reflect conditions observed.
- H. PP signed and dated as required.

Section 11 HACCP SYSTEM TRAINING

- A. Employees trained in monitoring operations.
- B. HACCP Plan reassessment performed by trained individual.
- C. Records review performed by trained individual.
- D. Employees trained in PP operations.

Section 12 HACCP SYSTEM AUDIT FOLLOW-UP ACTION

- A. Previous audit findings corrected.
- B. Previous audit findings remain corrected at time of this audit.
- C. State *MILK PLANT, RECEIVING STATION OR TRANSFER STATION HACCP SYSTEM AUDIT REPORT* issued and follow-up conducted as required (HACCP Listing Audits and FDA Audits only).
- D. A series of observations that lead to a finding of a potential HACCP System failure that is likely to result in a compromise to milk or milk product safety. **

NAME OF AUDITOR(S)

(Please Print)

SIGNATURE(S)

DATE _____

(Refer to the attached Audit Discussion sheet(s) for details.)

NCIMS HACCP SYSTEM AUDIT REPORT DISCUSSION SHEET

FIRM NAME _____ DATE OF AUDIT _____

EXPLANATION OF DEVIATIONS/DEFICIENCIES/NON-CONFORMITIES THAT DID NOT MEET THE NCIMS HACCP PROGRAM CRITERIA

(Use additional sheets as necessary)

NOTE: When State Regulatory Audits are conducted, timelines for corrections of all identified deviations, deficiencies and non-conformities must be established.

NCIMS HACCP SYSTEM REGULATORY AGENCY REVIEW REPORT (To be included with all NCIMS HACCP Listings and FDA Audits)

STATE REGULATORY AGENCY	DATE OF EVALUATION	
FIRM NAME	LICENSE/ PERMIT #	IMS PLANT #
ADDRESS		
EXPLANATION OF CONCERNS NOTED REGARDING REGULATORY AGENCY OBLIGATIONS UNDER THE NCIMS HACCP SYSTEM <small>(Use additional sheets as necessary)</small>		

A narrative description shall be provided as a part of all NCIMS HACCP Listings and FDA Audits. This report shall include an evaluation of the following requirements:

1. Milk plant, receiving station or transfer station holds a valid permit.

2. Milk plant, receiving station or transfer station audited by the Regulatory Agency at the minimum required frequency.

3. Requirements interpreted in accordance with the *Grade "A" PMO* as indicated by past audits.

4. Pasteurization equipment tested at required frequency. (Not applicable to receiving and transfer stations)

5. Individual and cooling water samples tested and reports on file as required.

6. Samples of milk plant's milk and milk products collected at the required frequency and all necessary laboratory examinations made. (Not applicable to receiving and transfer stations)

7. Sampling procedures approved by PHS/FDA evaluation methods.

8. Permit issuance, suspension, revocation, reinstatement, hearings, and/or court actions taken as required.

9. Records systematically maintained and current.

**PERMISSION FOR PUBLICATION
INTERSTATE MILK SHIPPER'S LISTING**

Shipper's Name _____

Address _____

You are hereby advised that on (date[s]) _____ a State Rating or HACCP Listing Audit was conducted with the following results:

Producer Supply (BTU) _____ Transfer Station _____

Receiving Station _____ Milk Plant _____

Enforcement Rating (For all Ratings and for attached farm supplies of HACCP listings) _____

The results will be transmitted to the U.S. Food and Drug Administration. They will publish the information in the "*IMS List-Sanitation Compliance and Enforcement Ratings of Interstate Milk Shippers*". The official Rating or HACCP Listing is valid for a period not to exceed two (2) years from the earliest rating/listing date, subject to the rules of the National Conference on Interstate Milk Shipments.

Publication Permission Section

Permission is hereby granted to release and publish the above-stated Rating or HACCP Listing for use by State and Territorial Milk Control Authorities and prospective purchasers.

It is understood and agreed by the undersigned that the official Rating or HACCP Listing Agency may review this supply at any time during the two (2) year period referred to above. *It is further understood* that we will notify the Rating or HACCP Rating Agency if any significant change should occur, which affects our raw milk supply, milk plant, receiving station or transfer station's status, including products listed.

It is understood and agreed that the failure to maintain the Rating or HACCP System at a level, which is acceptable for listing, shall result in immediate removal of this listing.

It is further agreed that milk plants, receiving stations or transfer stations, which receive milk or milk products for processing into milk or milk products for which that milk plant, receiving station or transfer station is listed, are from a non-listed source or a source having a milk sanitation compliance rating of less than 90% shall be immediately withdrawn from the *IMS List*.

SIGN AND RETURN TO _____ WITHIN FIVE (5) DAYS OF RECEIPT.
Name of Agency

Name of Shipper

Signature of Representative

Title

Date